		Effective Oc	tober 1, 2	000	ION REC	טאט		~ ~ ~	ر. سر		
	CLAII	MS AS FILE	D - PART	ı		SM		097.	54		
TOTAL CL	AIMS		mn 1)	(Column 2)		TY	TYPE		OTHER THA OR SMALL ENTIT		R THAN - ENTITY
FOR			39		18		RATE			RATE	FEE
TOTAL CHARGEABLE CLAIMS			NUMBER FILED		NUMBER EXTRA		BASIC FEE		0 OF	BASIC FE	E 710.00
		AIMS 39			. 19		X\$ 9=		OF	X\$18=	171.00
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P		3	1 7		0		X40=		OR	X80=	177.50
							135=	1	7		
If the diffe	rence in colum	n 1 is less than	less than zero, enter "0" in column 2			<u> </u>	OTAL	+	JOR	L	-
	CLAIMS	AS AMENDI	MENDED - PART II					<u> </u>	OR		881.0
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SA	ALL	ENTITY	OR		ENTITY
T tal	REMAIN AFTE AMENDA	R MENT	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
T tal	. 39	Minus	30	7	- —	X	5 9=		OR	X\$18=	
Independ	_	Minus OF MULTIPLE D	***	3	=	X	10=		OR	X80=	
1	ICOCITATION	OF MULTIPLE D	EPENDENT	CLAIM			 35=		1		
							OTAL		OR	+270= TOTAL	
	(Colum	n 1)	(Colum	n 2)	(Column 3)		r. FEE	L	OR	ADDIT. FEE	
	CLAIM REMAIN	IS W	HIGHE	ST	PRESENT			ADDI-	1		4001
Total Independ	AFTEI AMENDM	ENT	PREVIOU PAID FO	JSLY	EXTRA	RA	TE	TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independ	ont ·	Minus	••		=	X\$	9=		OR	X\$18=	
FIRST PE		Minus OF MULTIPLE DE	PENDENT C	MAL	=	X4	0=		OR	X80=	
				ZZ (IIIV)		+13			OR	+270=	
						ADDIT.	FEE		OR ,	TOTAL ADDIT, FEE	
177, 33	(Column CLAIMS	5	(Column		(Column 3)	1				_	
	REMAINII AFTER AMENDME		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total	·	Minus	••		=	X\$:	<u>,</u>			X\$18=	FEE
Independe		Minus	•••		-	X40	-		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							5=		OR	+270=	
If the entry in	column 1 is less ti	han the entry in col	umn 2. write "N	in colu	mn 3		TAL		1		•

Application or Docket Number